



## Colorado Air Ambulance License Application

All fields must be completed

This application is a matter of public record

### Contact Information

License Applicant							RW	FW
Administrative Contact	First:		Last:		MI:			
Principal Contact Phone		Ext		Fax		E-mail		
Business Mailing Address	Street							
	City				State		Zip	
Do you provide services 24/7? (If you provide some 24/7 services but not all, please check "Yes")							Yes	No

### Fees

Fee Type	Amount	Included
Application Fee	\$860.00	\$860.00
Additional Non-CAMTS Fee (agencies in accreditation process by the CAMTS)	\$525.00	
Aircraft License Fee - \$100.00/Aircraft. # of Aircraft [     ]		
<b>Total Fees</b>		

### Other State Licensure

List all other states in which this air ambulance agency is licensed to provide air medical care:

### Communication

Describe your primary and backup means of communications for scene incidents and receiving hospitals, including frequencies or frequency names

### Application Checklist

1. Submit an Agency Profile online at [www.cemsis.com](http://www.cemsis.com). User ID and Password can be obtained by calling (303) 692-2990.
2. Include total fees. Make Checks Payable to the **Colorado Dept. of Public Health and Environment** and mail to address:

**Colorado Department of Public Health and Environment**  
**Air Ambulance Program A-235**  
**4300 Cherry Creek Drive South**  
**Denver, CO 80246-1530**

3. A copy of the certificate of accreditation from CAMTS which must match the name of the license applicant OR include supporting documents from CAMTS showing your agency is in process for the accreditation visit
4. Copy of Federal Aviation Authority part 135 Air Carrier certificate
5. Copy of aircraft liability insurance

### Attestation

**I have completed the application process and all of the information contained herein or submitted in support of the application is accurate and complete.**

**I acknowledge that falsification of required information may result in denial or revocation of licensure.**

\_\_\_\_\_  
Signature of principal official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title



**Colorado Department of Public Health and Environment**  
**Air Ambulance Program A 235**

4300 Cherry Creek Drive South, Denver, CO 80246-1530 Ph: (303) 692-2991 Fax: (303) 691-7720 [www.coems.info/airambulance](http://www.coems.info/airambulance)